MANITOWOC HEALTH CARE CENTER-FDD

2021 SOUTH ALVERNO ROAD

MANITOWOC	54220	Phone: (920) 683-4100		Ownership:	County
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	FDDs
Operate in Conj	unction with 1	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/03):	32	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/03):	32	Title 19 (Medicaid) Certified?	Yes
Number of Resid	lents on 12/31,	/03:	30	Average Daily Census:	29

Services Provided to Non-Residents		Age, Gender, and Primary Dia	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	용
Home Health Care	No	Primary Diagnosis	8	Age Groups	8		3.3
Supp. Home Care-Personal Care	No	B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	06.7			1 - 4 Years	23.3
Supp. Home Care-Household Services	No	Developmental Disabilities	96.7		80.0		66.7
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	13.3		
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	6.7		93.3
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.3	95 & Over	0.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	0.0	65 & Over	20.0		
Transportation	No	Cerebrovascular	0.0			RNs	3.1
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	10.4
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	0.0	Male	70.0	Aides, & Orderlies	46.4
Mentally Ill	No			Female	30.0	I	
Provide Day Programming for			100.0			I	
Developmentally Disabled	Yes				100.0	I	

Method of Reimbursement

Medicare (Title 18)		Medicaid (Title 19) Other				Private Pay			Family Care			Managed Care								
Level of Care	No.	οlo	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				29	100.0	177	1	100.0	180	0	0.0	0	0	0.0	0	0	0.0	0	30	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		29	100.0		1	100.0		0	0.0		0	0.0		0	0.0		30	100.0

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services,	and Activities as of 12,	/31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	81.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	9.5	Bathing			70.0	30.0	30
Other Nursing Homes	4.8	Dressing	26.7		50.0	23.3	30
Acute Care Hospitals	0.0		66.7			16.7	30
Psych. HospMR/DD Facilities	0.0	Toilet Use	23.3		50.0	26.7	30
Rehabilitation Hospitals	0.0	Eating	50.0		26.7	23.3	30
Other Locations	4.8	* * * * * * * * * * * * * * * * * * *	******	*****	*****	******	******
Total Number of Admissions	21	Continence		용	Special Treatr	ments	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	3.3	Receiving Re	espiratory Care	6.7
Private Home/No Home Health	76.2	Occ/Freq. Incontiner	nt of Bladder	50.0	Receiving Tr	racheostomy Care	0.0
Private Home/With Home Health	9.5	Occ/Freq. Incontiner	nt of Bowel	36.7	Receiving Su	uctioning	6.7
Other Nursing Homes	0.0				Receiving Os	stomy Care	3.3
Acute Care Hospitals	9.5	Mobility			Receiving Tu	ube Feeding	6.7
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	16.7	Receiving Me	echanically Altered Diets	50.0
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident	t Characteristics	
Deaths	4.8	With Pressure Sores		0.0	Have Advance	e Directives	93.3
Total Number of Discharges		With Rashes		6.7	Medications		
(Including Deaths)	21				Receiving Pa	sychoactive Drugs	73.3

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

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	This	E	FDD		All
	Facility	Fac	cilities	Fac	ilties
	%	용	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.6	89.6	1.01	87.4	1.04
Current Residents from In-County	90.0	33.5	2.68	76.7	1.17
Admissions from In-County, Still Residing	4.8	11.3	0.42	19.6	0.24
Admissions/Average Daily Census	72.4	21.3	3.40	141.3	0.51
Discharges/Average Daily Census	72.4	25.0	2.90	142.5	0.51
Discharges To Private Residence/Average Daily Census	62.1	11.4	5.45	61.6	1.01
Residents Receiving Skilled Care	0.0	0.0	0.00	88.1	0.00
Residents Aged 65 and Older	20.0	15.3	1.31	87.8	0.23
Title 19 (Medicaid) Funded Residents	96.7	99.3	0.97	65.9	1.47
Private Pay Funded Residents	0.0	0.5	0.00	21.0	0.00
Developmentally Disabled Residents	96.7	99.4	0.97	6.5	14.89
Mentally Ill Residents	0.0	0.3	0.00	33.6	0.00
General Medical Service Residents	0.0	0.3	0.00	20.6	0.00
<pre>Impaired ADL (Mean) *</pre>	46.7	53.1	0.88	49.4	0.94
Psychological Problems	73.3	50.1	1.46	57.4	1.28
Nursing Care Required (Mean) *	10.0	11.0	0.91	7.3	1.36